

You may mail, fax or deliver your request.

BUILDING SAFETY DEPARTMENT

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REQUEST FOR A CHANGE OF MANAGEMENT COMPANY

This worksheet is designed to help you request a change of management of your rental property. It outlines the information that is required to update your Housing Rental file so that all correspondence is sent to the proper addresses and properly reflects the ownership and management of your rental property. You may use this form or provide your own letter incorporating the same information. The following information should be included:

BUILDING A	DDRESS:			
Owner Name(s)				
LAST		FIRST		MIDDLE
_	LAST	FIRST		MIDDLE
Owner Address				
	STREET	CITY	STATE	ZIP CODE
Date of Birth	Phone No	En	nail	
Building Manager		Phone No		
	pperty			
	ressate/Zip			
	mber			
Manager of the rental բ	property			
	ress			
City/Sta	ate/Zip			
	mber			
t is recommended tha	t this information be supplied w	rithin 30 days of rec	eiving this requ	est letter.
Signature			e	